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SLADE VETERINARY HOSPITAL FROZEN SEMEN TRANSFER/RELEASE FORM

If you choose to release frozen semen or transfer ownership of frozen semen to new owner, please fill out the following form and return to us at sladevetrepro@gmail.com.

STUD INFORMATION

Current owner name _____
Address _____
Telephone _____ Email _____

For stud dogs with multiple owners, please list the primary contact person authorized to make all breeding-related decisions, understanding that this is the ONLY person who will be contacted by our staff in an effort to streamline all decisions and avoid any miscommunications.

Stud call name _____ Breed _____ Age _____
Registration number _____ Brucellosis test date (if available) _____

TRANSFER INFORMATION

New owner name _____
Address _____
Telephone _____ Email _____

If this is being transferred to a veterinary hospital, please list details below:

Veterinarian name _____
Address _____
Telephone _____ Email _____

UNIT INFORMATION

Number of units transferred _____ Date of transfer _____

AUTHORIZATION

Please indicate below and sign. Your signature authorizes Slade Veterinary Hospital to ship frozen breeding units for the identified dog to the listed new owner or facility.

- ☐ I retain ownership of the breeding units being shipped
☐ I transfer ownership of the breeding units being shipped to the above listed name

Owner Signature _____ Date _____

Print name _____